Maryland Pest Management Plan Checklist [2-2006] Based on Pest Management Standard 595 dated 7-03							
Со	County Date Plan Submitted For Crop Years:						
Pro	Producer/Owner [Name, Address, Phone] Farm # Crop Acres Tract #s						
	Technical Service Provider (TSP) or Certified Pest Management Specialist [Address, Phone, Email, Organization, Registration/Certification Number]  Conservation staff planned Office]				Field		
	The following components are <u>required</u> in the I	Components Plan on a field by field basis. The Pacentive period or cost-share programmer.		Y	N		
	General 1	Information					
1)	1) General narrative of the farm operation.						
<ol> <li>Photos &amp; maps that indicate field ID numbers &amp; boundaries, treatment areas and location of sensitive areas including setbacks.</li> </ol>							
3) Soils map which includes soil information and interpretation.							
4) Pest Management methods are integrated with applicable components of the conservation plan.							
5) Operation, Maintenance and Safety has been addressed in plan							
6) Emergency Contact information has been provided in plan							
7) Emergency Spill Information has been provided in plan							
	<b>Environmen</b> (Refer to MD NRCS 595 Standard Table 1 – In	ttal Assessment tegrated Pest Management Principles of	& Strategies)				
<ol> <li>Identification of all water resource concerns (e.g., leaching, solution runoff, erosion and sensitive resources).</li> </ol>							
<ol> <li>Prevention: Recommended prevention strategies that are general to the farm operation and/or specific to a crop or field.</li> </ol>							
3) Avoidance: Recommended avoidance techniques such as choosing cultivars resistant to pests.							
4) Monitoring: Recommended method used to identify the extent of pest populations and/or the probability of future populations.							
5) Suppression: Recommended method of suppression including cultural, biological or chemical to reduce pest population or its impacts.							

	PMP Components	Y	N			
1)	A Risk evaluation of all pesticides using WIN-PST or Maryland's WIN-PST loss pathways spreadsheet for water resource concerns is identified. Rating: (VL) Very Low or (L) Low - Does not require additional mitigation actions Rating: (I) Intermediate - Minimum of 2 mitigation actions Rating: (H) High - Minimum of 3 mitigation actions Rating: (X) Extra High - Alternative method of pest control with lower risk may be required					
2)	Mitigation Techniques, such as IPM and conservation practices, have been identified and are being implemented to address environmentally sensitive areas.					
3)	Is there sufficient documentation regarding special attention to Environmental Hazards listed on pesticide labels?					
4)						
	Management Assessment					
1)	Crop scouting completed, at a minimum, during planting/emergence, early-, mid-, and late- season development, and post-harvest evaluation.					
2)	2) Scouting completed by Certified Pest Management Specialist or TSP.					
	Additional Items					
1)	Pest Management Plan was reviewed with producer?					
2)	Pesticide Record keeping requirements based on NRCS standards has been reviewed with producer?					
	Comments					
	An <u>updated implementation schedule</u> must be submitted annually with this signed checklist, to verify that incentive or Technical Service Provider payment may occur. For NRCS Quality Assurance purposes, the Plan must be available for review at all times. All practices on active EQIP contracts are subject to annual status reviews to verify contract implementation.					
YEAR ONE: This Plan is being implemented and meets minimum standards and specifications for Maryland Standard 595, Pest Management.						
Certified Pest  Management SpecialistDate or TSP  Signature						
Pr	Producer/OperatorDate					
	Signature					

<b>Annual Im</b>	plementation	<b>Checklist</b>
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This checklist must be completed in years two and three, following the development of a Pest Management Plan. Explain any deviations from the approved plan under "Comments", below.

County	Date Plan Submitted For Crop Years:						
Producer/Owner [Name, Address, Phone]	Farm # Tract #s	Crop Acres					
Technical Service Provider (TSP) or Certified Pest [Address, Phone, Email, Organization, Registration	•	Conservation staff planne Office]	er [Name, I	Field			
Reg	uired Item		Y	N			
If new pest control products are introduction impact has been re-evaluated.		tial for water quality					
2) Appropriate federal, state, & local regul	ations are being followed.						
3) Farm workers and others exposed to pro	ducts are adequately protected						
4) Crop scouting is completed each year ac	cording to schedule in plan.						
5) Scouting records include identification of harmful and beneficial organisms, maps, and field reports.							
6) Scouting records are completed by a cer	o) Scouting records are completed by a certified Pest Management Specialist or TSP.						
7) Pesticide labels are followed for all products and all applications.							
8) Mitigation techniques for environmentally sensitive areas are re-evaluated if new products or rates are introduced to the operation.							
9) Producer Record-keeping system based on MD NRCS Standard 595 is being followed.							
10) Record keeping cross-references FSA tract and field numbers with other location identifiers, if needed.							
11) The entire Pest Management Plan is being implemented as planned. If not, explain why.							
Comments							
	An <u>updated implementation schedule</u> must be submitted annually with this signed checklist, to verify that incentive or Technical Service Provider payment may occur.						
YEAR TWO: This Plan is being implemented, and meets minimum standards and specifications for Standard 595, Pest Management.							
Certified Pest							
Management SpecialistDate							
or TSP Signature							
Producer/Operator		Date					
Signature							

Annual	Imn	lementation	Ch	ecklist	t
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This checklist mu	ist be completed ii	n years two and	three, following	the development of a	Pest
Management Plan.	Explain any devia	ations from the	approved plan u	under "Comments", I	below.

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County	Date Plan Submitted	For Crop Years:			
Producer/Owner [Name, Address, Phone]	Farm # Tract #s	Crop Acres			
Technical Service Provider (TSP) or Certified Pest [Address, Phone, Email, Organization, Registration		Conservation staff planne Office]	er [Name, I	Field	
Rea	uired Item		Y	N	
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7) Pesticide labels are followed for all products and all applications.					
<ol> <li>Mitigation techniques for environmentall rates are introduced to the operation.</li> </ol>					
9) Producer Record-keeping system based on MD NRCS Standard 595 is being followed.					
10) Record keeping cross-references FSA tract and field numbers with other location identifiers, if needed.					
11) The entire Pest Management Plan is bein	ig implemented as planned. If r	not, explain why.			
Comments					
	hnical Service Provider påyme	nt may occur.			
YEAR THREE: This Plan is being implemented, and meets minimum standards and specifications for Standard 595, Pest Management.					
Certified Pest					
Management Specialist		Date			
or TSP	Signature				
Producer/Operator		Date		_	
	Signature				